PTO/SB/21 (04-04) (AW 06/2004)
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	Application Number	09/294,181	RECEIVED
	Filing Date	April 19, 1999	HEREINER
	First Named Inventor	William W. Hoffman	ort 0.7 2014
	Art Unit	2859	OCI TO FEED TO
	Examiner Name	Christopher W. Fulton	TECH CENTER 280
	Attorney Docket No.	WWH-101US	

ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached	Drawing(s)  Licensing-related Papers		After Allowance Communication to Technology Center (TC)				
Amendment/Reply After Final Affidavits/Declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)  Remarks:		Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):				
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT							
Firm or Individual Phillip E. Gonzalez Name Signature	Registration No. (Attorney/Agent) 55,213						
Date October 1, 2004	Vac 17						
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Application Number 09/294,181

Filing Date April 19, 1999

First Named Inventor William W. Hoffman

2859

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Attorney Docket Number **WWH-101US** 

I hereby revoke all previous powers of attorney given in the above-identified application.						
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name William W. Hoffman						
Signature (x)	Signature William With mon					
Date 9/	17/04	Telephone	610-265-5299			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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